

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Western District of Missouri

Case number (if known): _____ Chapter _____

Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name

CMA Acquisitions, Inc.

2. All other names debtor used in the last 8 years

Glogner Metal Fabricators

Include any assumed names, trade names, and *doing business as names*

3. Debtor's federal Employer Identification Number (EIN)

8 7 - 3 9 3 4 7 0 5

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

3336 Pear St.

Number Street

Saint Joseph, MO 64503

City State ZIP Code

Number Street

City State ZIP Code

Buchanan

County

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL)

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Partnership (excluding LLP)

Other. Specify: _____

| | | |
|--|---------------------------------------|------------------------|
| Debtor | <u>CMA Acquisitions, Inc.</u> Name | Case number (if known) |
| 7. Describe debtor's business | | |
| A. Check one: | | |
| <input type="checkbox"/> Health Care Business (as defined in 11 U.S.C. § 101(27A)) | | |
| <input type="checkbox"/> Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| <input type="checkbox"/> Railroad (as defined in 11 U.S.C. §101(44)) | | |
| <input type="checkbox"/> Stockbroker (as defined in 11 U.S.C. § 101(53A)) | | |
| <input type="checkbox"/> Commodity Broker (as defined in 11 U.S.C. § 101(6)) | | |
| <input type="checkbox"/> Clearing Bank (as defined in 11 U.S.C. §781(3)) | | |
| <input checked="" type="checkbox"/> None of the above | | |
| B. Check all that apply: | | |
| <input type="checkbox"/> Tax-exempt entity (as described in 26 U.S.C. §501) | | |
| <input type="checkbox"/> Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3) | | |
| <input type="checkbox"/> Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11)) | | |
| C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See http://www.uscourts.gov/four-digit-national-association-naics-codes. | | |
| 8. Under which chapter of the Bankruptcy Code is the debtor filing? | | |
| A debtor who is a "small business debtor" must check the first subbox. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box | | |
| <input checked="" type="checkbox"/> Chapter 7 | | |
| <input type="checkbox"/> Chapter 9 | | |
| <input type="checkbox"/> Chapter 11. Check all that apply: | | |
| <input type="checkbox"/> The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). | | |
| <input type="checkbox"/> The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, and it chooses to proceed under Subchapter V of Chapter 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). | | |
| <input type="checkbox"/> A plan is being filed with this petition. | | |
| <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). | | |
| <input type="checkbox"/> The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the <i>Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11</i> (Official Form 201A) with this form. | | |
| <input type="checkbox"/> The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2. | | |
| <input type="checkbox"/> Chapter 12 | | |
| <input checked="" type="checkbox"/> No | | |
| <input type="checkbox"/> Yes. District _____ When _____ Case number _____ MM / DD / YYYY | | |
| If more than 2 cases, attach a separate list. | | |
| <input checked="" type="checkbox"/> No | | |
| <input type="checkbox"/> Yes. Debtor _____ Relationship _____ District _____ When _____ Case number _____ MM / DD / YYYY | | |
| 10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? | | |
| List all cases. If more than 1, attach a separate list. | | |
| Case number, if known _____ | | |

Debtor CMA Acquisitions, Inc. _____ Case number (if known) _____
Name _____

11. Why is the case filed in this district?

Check all that apply:

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

Where is the property?

Number _____ Street _____

City _____ State _____ ZIP Code _____

Is the property insured?

No

Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds?

Check one:

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

1-49 50-99 1,000-5,000 5,001-10,000 25,001-50,000 50,000-100,000

100-199 200-999 10,001-25,000

More than 100,000

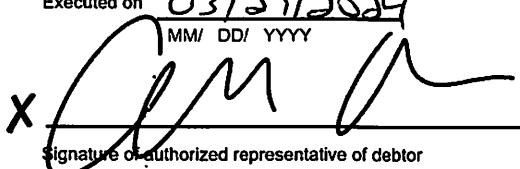
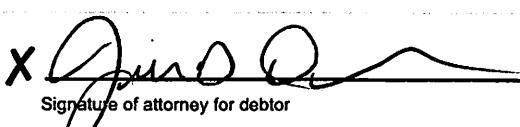
15. Estimated assets

\$0-\$50,000 \$1,000,001-\$10 million \$500,000,001-\$1 billion

\$50,001-\$100,000 \$10,000,001-\$50 million \$1,000,000,001-\$10 billion

\$100,001-\$500,000 \$50,000,001-\$100 million \$10,000,000,001-\$50 billion

\$500,001-\$1 million \$100,000,001-\$500 million More than \$50 billion

| | | | | | | | | | | | | | | |
|---|--|--|---------------------------------------|--|--|---|--|---|--|---|--|--|--|---|
| Debtor | <u>CMA Acquisitions, Inc.</u> Name | Case number (if known) | | | | | | | | | | | | |
| <p>16. Estimated liabilities</p> <table><tr><td><input type="checkbox"/> \$0-\$50,000</td><td><input checked="" type="checkbox"/> \$1,000,001-\$10 million</td><td><input type="checkbox"/> \$500,000,001-\$1 billion</td></tr><tr><td><input type="checkbox"/> \$50,001-\$100,000</td><td><input type="checkbox"/> \$10,000,001-\$50 million</td><td><input type="checkbox"/> \$1,000,000,001-\$10 billion</td></tr><tr><td><input type="checkbox"/> \$100,001-\$500,000</td><td><input type="checkbox"/> \$50,000,001-\$100 million</td><td><input type="checkbox"/> \$10,000,000,001-\$50 billion</td></tr><tr><td><input type="checkbox"/> \$500,001-\$1 million</td><td><input type="checkbox"/> \$100,000,001-\$500 million</td><td><input type="checkbox"/> More than \$50 billion</td></tr></table> | | | <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion | <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion | <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion | <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion | | | | | | | | | | | | |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion | | | | | | | | | | | | |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion | | | | | | | | | | | | |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion | | | | | | | | | | | | |
| <p>Request for Relief, Declaration, and Signatures</p> <p>WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.</p> <p>17. Declaration and signature of authorized representative of debtor</p> <ul style="list-style-type: none"><input type="checkbox"/> The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.<input type="checkbox"/> I have been authorized to file this petition on behalf of the debtor.<input type="checkbox"/> I have examined the information in this petition and have a reasonable belief that the information is true and correct. <p>I declare under penalty of perjury that the foregoing is true and correct.</p> <p>Executed on <u>03/29/2024</u> MM/ DD/ YYYY</p> <p> Signature of authorized representative of debtor</p> <p><u>Christopher M. Allen</u> Printed name</p> <p>Title <u>President</u></p> <p>18. Signature of attorney</p> <p> Signature of attorney for debtor</p> <p>Date <u>03/29/2024</u> MM/ DD/ YYYY</p> <p><u>Jill Olsen</u> Printed name</p> <p><u>The Olsen Law Firm, LLC</u> Firm name</p> <p><u>118 N Conistor Ln. Suite B290</u> Number Street</p> <p><u>Liberty</u> City</p> <p><u>MO</u> State</p> <p><u>64068</u> ZIP Code</p> <p><u>(816) 521-8811</u> Contact phone</p> <p><u>jill@olsenlawkc.com</u> Email address</p> <p><u>49835</u> Bar number</p> <p><u>MO</u> State</p> | | | | | | | | | | | | | | |

Fill in this information to identify the case:

| | | | |
|---|-------------------------------|-------------|----------|
| Debtor Name | <u>CMA Acquisitions, Inc.</u> | | |
| United States Bankruptcy Court for the: | Western | District of | Missouri |
| Case number (If known): | | | |

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.

Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. CrossFirst Bank

Checking account

9 6 3 1

\$5.00

4. Other cash equivalents (Identify all)

4.1

4.2

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$5.00

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.

Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1

7.2

Debtor CMA Acquisitions, Inc.
Name

Case number (if known) _____

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1 _____

8.2 _____

9. Total of Part 2

Add lines 7 through 8. Copy the total to line 81.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

No. Go to Part 4.

Yes. Fill in the information below.

Current value of
debtor's interest

11. Accounts receivable

| | | | | | | |
|---------------------------|--------------------|---|------------------------------------|--------|---|--------------------|
| 11a. 90 days old or less: | <u>\$21,693.50</u> | - | <u>unknown</u> | =..... | → | <u>\$21,693.50</u> |
| | face amount | | doubtful or uncollectible accounts | | | |
| 11b. Over 90 days old: | <u>\$26,536.87</u> | - | <u>unknown</u> | =..... | → | <u>\$26,536.87</u> |
| | face amount | | doubtful or uncollectible accounts | | | |

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$48,230.37

Part 4: Investments

13. Does the debtor own any investments?

No. Go to Part 5.

Yes. Fill in the information below.

Valuation method used
for current value Current value of
debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

14.1 _____

14.2 _____

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses,
including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of
ownership:

15.1. _____

15.2. _____

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable
instruments not included in Part 1**

Describe:

Debtor CMA Acquisitions, Inc.
Name _____

Case number (if known) _____

| | | |
|------------|-------|-------|
| 16.1 _____ | _____ | _____ |
| 16.2 _____ | _____ | _____ |

17. **Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

| |
|-------|
| _____ |
|-------|

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

No. Go to Part 6.

Yes. Fill in the information below.

| General description | Date of the last physical inventory | Net book value of debtor's interest | Valuation method used for current value | Current value of debtor's interest |
|---------------------|-------------------------------------|-------------------------------------|---|------------------------------------|
| | | (Where available) | | |

19. Raw materials

_____ MM / DD / YYYY _____ _____ _____

20. Work in progress

_____ MM / DD / YYYY _____ _____ _____

21. Finished goods, including goods held for resale

_____ MM / DD / YYYY _____ _____ _____

22. Other inventory or supplies

_____ MM / DD / YYYY _____ _____ _____

23. **Total of Part 5**

Add lines 19 through 22. Copy the total to line 84.

| |
|-------|
| _____ |
|-------|

24. Is any of the property listed in Part 5 perishable?

No

Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

No

Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

No

Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

No. Go to Part 7.

Yes. Fill in the information below.

Debtor CMA Acquisitions, Inc.
Name

Case number (if known) _____

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|--|---|------------------------------------|
| 28. Crops—either planted or harvested | _____ | _____ | _____ |
| 29. Farm animals Examples: Livestock, poultry, farm-raised fish | _____ | _____ | _____ |
| 30. Farm machinery and equipment (Other than titled motor vehicles) | _____ | _____ | _____ |
| 31. Farm and fishing supplies, chemicals, and feed | _____ | _____ | _____ |
| 32. Other farming and fishing-related property not already listed in Part 6 | _____ | _____ | _____ |
| 33. Total of Part 6 Add lines 28 through 32. Copy the total to line 85. | _____ | | |
| 34. Is the debtor a member of an agricultural cooperative? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative? <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____ | | | |
| 36. Is a depreciation schedule available for any of the property listed in Part 6? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 37. Has any of the property listed in Part 6 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| Part 7: Office furniture, fixtures, and equipment; and collectibles | | | |
| 38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles? <input checked="" type="checkbox"/> No. Go to Part 8. <input type="checkbox"/> Yes. Fill in the information below. | | | |
| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
| 39. Office furniture | _____ | _____ | _____ |

Debtor CMA Acquisitions, Inc.
Name _____

Case number (if known) _____

| | | | |
|--|---|---|--|
| 40. Office fixtures | _____ | _____ | _____ |
| 41. Office equipment, including all computer equipment and communication systems equipment and software | _____ | _____ | _____ |
| 42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles | _____ | _____ | _____ |
| 42.1 _____ | _____ | _____ | _____ |
| 42.2 _____ | _____ | _____ | _____ |
| 42.3 _____ | _____ | _____ | _____ |
| 43. Total of Part 7 Add lines 39 through 42. Copy the total to line 86. | _____ | | |
| 44. Is a depreciation schedule available for any of the property listed in Part 7? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 45. Has any of the property listed in Part 7 been appraised by a professional within the last year? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Part 8: Machinery, equipment, and vehicles | | | |
| 46. Does the debtor own or lease any machinery, equipment, or vehicles? | <input type="checkbox"/> No. Go to Part 9. <input checked="" type="checkbox"/> Yes. Fill in the information below. | | |
| General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number) | | Net book value of debtor's interest (Where available) | Valuation method used for current value |
| 47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles | Current value of debtor's interest | | |
| 47.1 _____ | _____ | _____ | _____ |
| 47.2 _____ | _____ | _____ | _____ |
| 47.3 _____ | _____ | _____ | _____ |
| 47.4 _____ | _____ | _____ | _____ |
| 48. Watercraft, trailers, motors, and related accessories <i>Examples:</i> Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels | | | |
| 48.1 _____ | _____ | _____ | _____ |

Debtor CMA Acquisitions, Inc.
Name

Case number (if known) _____

48.2 _____

49. Aircraft and accessories

49.1 _____

49.2 _____

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

Lease of bulk industrial gas storage container for liquid nitrogen

unknown

unknown

51. Total of Part 8

Add lines 47 through 50. Copy the total to line 87.

52. Is a depreciation schedule available for any of the property listed in Part 8?

No
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

No
 Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

No. Go to Part 10.
 Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property
Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.

Nature and extent of debtor's interest in property

Net book value of debtor's interest

Valuation method used for current value

Current value of debtor's interest

(Where available)

55.1 Shop/Office / 3336 Pear St. Saint Joseph, MO 64503

Lease

unknown

unknown

56. Total of Part 9

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

57. Is a depreciation schedule available for any of the property listed in Part 9?

No
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

No
 Yes

Part 10: Intangibles and intellectual property

Debtor CMA Acquisitions, Inc.
Name

Case number (if known) _____

59. Does the debtor have any interests in intangibles or intellectual property?

No. Go to Part 11.
 Yes. Fill in the information below.

General description

Net book value of
debtor's interest
(Where available)

Valuation method used
for current value

Current value of
debtor's interest

60. Patents, copyrights, trademarks, and trade secrets

61. Internet domain names and websites

62. Licenses, franchises, and royalties

63. Customer lists, mailing lists, or other compilations

64. Other Intangibles, or intellectual property

65. Goodwill

66. Total of Part 10

Add lines 60 through 65. Copy the total to line 89.

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

No
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

No
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

No
 Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.
 Yes. Fill in the information below.

Current value of
debtor's interest

Debtor CMA Acquisitions, Inc.
Name

Case number (if known) _____

71. Notes receivable

Description (include name of obligor)

Total face amount

doubtful or uncollectible amount



72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

Tax year _____

Tax year _____

Tax year _____

73. Interests in insurance policies or annuities

74. Causes of action against third parties (whether or not a lawsuit has been filed)

Possible claim for fraudulent inducement/misrepresentation

unknown

Nature of claim Fraud

Amount requested unknown

Possible claim for breach of contract and tortious interference with business

unknown

Nature of claim Contract/tort action

Amount requested unknown

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

Nature of claim _____

Amount requested _____

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed Examples: Season tickets, country club membership

78. Total of Part 11

Add lines 71 through 77. Copy the total to line 90.

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

No

Yes

Debtor CMA Acquisitions, Inc.
Name

Case number (if known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

| Type of property | Current value of personal property | Current value of real property |
|--|------------------------------------|--------------------------------|
| 80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1. | \$5.00 | |
| 81. Deposits and prepayments. Copy line 9, Part 2. | | |
| 82. Accounts receivable. Copy line 12, Part 3. | \$48,230.37 | |
| 83. Investments. Copy line 17, Part 4. | | |
| 84. Inventory. Copy line 23, Part 5. | | |
| 85. Farming and fishing-related assets. Copy line 33, Part 6. | | |
| 86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7. | | |
| 87. Machinery, equipment, and vehicles. Copy line 51, Part 8. | unknown | |
| 88. Real property. Copy line 56, Part 9..... | → | unknown |
| 89. Intangibles and intellectual property. Copy line 66, Part 10. | | |
| 90. All other assets. Copy line 78, Part 11. | + unknown | |
| 91. Total. Add lines 80 through 90 for each column..... | \$48,235.37 | + 91b. |
| 92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. | | \$48,235.37 |

Fill in this information to identify the case:

| | |
|---|------------------------------|
| Debtor name | CMA Acquisitions, Inc. |
| United States Bankruptcy Court for the: | Western District of Missouri |
| Case number (if known): | |

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507)

No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

| | Total claim | Priority amount |
|--|---|-----------------|
| 2.1 Priority creditor's name and mailing address Peggy Campbell Buchanan County Collector 411 Jules St. 123 Saint Joseph, MO 64501 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$23,513.13 |
| Date or dates debt was incurred 11/03/2023 | Basis for the Claim: Personal property tax | |
| Last 4 digits of account number | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | | |
| 2.2 Priority creditor's name and mailing address _____ _____ _____ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| Date or dates debt was incurred _____ | Basis for the claim: _____ | |
| Last 4 digits of account number | Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | |
| Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ____ | | |

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| Debtor | CMA Acquisitions, Inc. | | Case number (if known) |
| Name | | | |
| Part 2: List All Creditors with NONPRIORITY Unsecured Claims | | | |
| <p>3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.</p> | | | |
| <p>3.1 Nonpriority creditor's name and mailing address</p> <p><u>Airo Steel Corporation</u></p> <p><u>24876 Network Place</u></p> <p><u>Chicago, IL 60673-1248</u></p> | | | <p>As of the petition filing date, the claim is: <u>\$4,409.85</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods/services provided</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> |
| <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number <u>0 4 3 3</u></p> | | | |
| <p>3.2 Nonpriority creditor's name and mailing address</p> <p><u>Azz Galvanizing Services</u></p> <p><u>PO Box 843771</u></p> <p><u>Dallas, TX 75284</u></p> | | | <p>As of the petition filing date, the claim is: <u>\$1,364.66</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services provided</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> |
| <p>Date or dates debt was incurred <u>01/10/2024</u></p> <p>Last 4 digits of account number <u>6 1 2 6</u></p> | | | |
| <p>3.3 Nonpriority creditor's name and mailing address</p> <p><u>Bright Disposal Services, LLC</u></p> <p><u>PO Box 661</u></p> <p><u>Saint Joseph, MO 64502</u></p> | | | <p>As of the petition filing date, the claim is: <u>\$210.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services provided</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> |
| <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number <u>2 6 8 1</u></p> | | | |
| <p>3.4 Nonpriority creditor's name and mailing address</p> <p><u>Brown Mannschreck Imaging Solutions</u></p> <p><u>3003 Pear St.</u></p> <p><u>Saint Joseph, MO 64503</u></p> | | | <p>As of the petition filing date, the claim is: <u>\$178.54</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services provided</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> |
| <p>Date or dates debt was incurred <u>12/01/2023</u></p> <p>Last 4 digits of account number <u> </u></p> | | | |

Debtor CMA Acquisitions, Inc. _____ Case number (if known) _____
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| 3.5 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: | \$940.54 |
| <u>Chada</u> | | <i>Check all that apply.</i> | |
| <u>815 E 12th St.</u> | | <input type="checkbox"/> Contingent | |
| <u>Lawrence, KS 66044</u> | | <input type="checkbox"/> Unliquidated | |
| | | <input type="checkbox"/> Disputed | |
| | | 12/29/2 Goods/services | |
| | | Basis for the claim: provided | |
| | | Is the claim subject to offset? | |
| | | <input checked="" type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes | |
| 3.6 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: | \$1,016.88 |
| <u>Cintas #177</u> | | <i>Check all that apply.</i> | |
| <u>PO Box 86005</u> | | <input type="checkbox"/> Contingent | |
| <u>Chicago, IL 60680-1005</u> | | <input type="checkbox"/> Unliquidated | |
| | | <input type="checkbox"/> Disputed | |
| | | Basis for the claim: Services provided | |
| | | Is the claim subject to offset? | |
| | | <input checked="" type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes | |
| 3.7 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: | \$145.49 |
| <u>City of St. Joseph</u> | | <i>Check all that apply.</i> | |
| <u>1100 Frederick Ave.</u> | | <input type="checkbox"/> Contingent | |
| <u>Saint Joseph, MO 64501</u> | | <input type="checkbox"/> Unliquidated | |
| | | <input type="checkbox"/> Disputed | |
| | | Basis for the claim: Utility services | |
| | | Is the claim subject to offset? | |
| | | <input checked="" type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes | |
| 3.8 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: | \$534.60 |
| <u>Concentra Medical Centers</u> | | <i>Check all that apply.</i> | |
| <u>5506 Corporate Dr. 1700</u> | | <input type="checkbox"/> Contingent | |
| <u>Saint Joseph, MO 64507</u> | | <input type="checkbox"/> Unliquidated | |
| | | <input type="checkbox"/> Disputed | |
| | | Basis for the claim: Services provided | |
| | | Is the claim subject to offset? | |
| | | <input checked="" type="checkbox"/> No | |
| | | <input type="checkbox"/> Yes | |

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| 3.9 | Nonpriority creditor's name and mailing address <u>Echo Electric Supply Br38</u> <u>1515 Buchanan Ave.</u> <u>Saint Joseph, MO 64501</u> | As of the petition filing date, the claim is: <u>\$676.41</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/services provided</u> |
| | Date or dates debt was incurred <u>01/21/2024</u> | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | Last 4 digits of account number <u> </u> | |
| 3.10 | Nonpriority creditor's name and mailing address <u>Evergy</u> <u>PO Box 219703</u> <u>Kansas City, MO 64121-9703</u> | As of the petition filing date, the claim is: <u>\$3,077.94</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility services</u> |
| | Date or dates debt was incurred <u> </u> | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | Last 4 digits of account number <u>4 4 7 5</u> | |
| 3.11 | Nonpriority creditor's name and mailing address <u>Fastenal</u> <u>2001 Theurer Blvd.</u> <u>Winona, MN 55987</u> | As of the petition filing date, the claim is: <u>\$100.05</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/services provided</u> |
| | Date or dates debt was incurred <u>12/14/2023</u> | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | Last 4 digits of account number <u>0 2 7 4</u> | |
| 3.12 | Nonpriority creditor's name and mailing address <u>Federal Express</u> <u>PO Box 94515</u> <u>Palatine, IL 60094-4515</u> | As of the petition filing date, the claim is: <u>\$253.73</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> |
| | Date or dates debt was incurred <u> </u> | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | Last 4 digits of account number <u>1 5 - 3</u> | |

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| 3.13 | Nonpriority creditor's name and mailing address <u>GT Midwest</u> <u>405 E. 14th Ave.</u> <u>Kansas City, MO 64116</u> | As of the petition filing date, the claim is: <u>\$1,127.49</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| | | Basis for the claim: <u>Goods/services provided</u> |
| | Date or dates debt was incurred _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | Last 4 digits of account number <u>0 0 2</u> | |
| 3.14 | Nonpriority creditor's name and mailing address <u>Harshman Machine & Tool Corp.</u> <u>1030 S. 8th St.</u> <u>Saint Joseph, MO 64503</u> | As of the petition filing date, the claim is: <u>\$2,763.00</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| | | Basis for the claim: <u>Goods/services provided</u> |
| | Date or dates debt was incurred _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | Last 4 digits of account number <u>-----</u> | |
| 3.15 | Nonpriority creditor's name and mailing address <u>Hilti</u> <u>7250 Dallas Pkwy 1000</u> <u>Plano, TX 75024</u> | As of the petition filing date, the claim is: <u>\$6,245.10</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| | | Basis for the claim: <u>Lease of tools</u> |
| | Date or dates debt was incurred <u>01/16/2024</u> | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | Last 4 digits of account number <u>4 6 5 4</u> | |
| 3.16 | Nonpriority creditor's name and mailing address <u>Matheson Gas</u> <u>4722 S. Highway 169</u> <u>Saint Joseph, MO 64507</u> | As of the petition filing date, the claim is: <u>\$5,513.03</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| | | Basis for the claim: <u>Lease of nitrogen gas</u> |
| | Date or dates debt was incurred _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | Last 4 digits of account number <u>-----</u> | |
| | Remarks: Two accounts #7761 & #0955 | |

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| 3.17 | Nonpriority creditor's name and mailing address <u>McMaster Carr</u> <u>600 N. County Line Rd.</u> <u>Elmhurst, IL 60126</u> | As of the petition filing date, the claim is: <u>\$2,328.97</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.18 | Nonpriority creditor's name and mailing address <u>Menards</u> <u>5101 Menard Dr.</u> <u>Eau Claire, WI 54703</u> | As of the petition filing date, the claim is: <u>\$1,143.63</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.19 | Nonpriority creditor's name and mailing address <u>Metal Sales Manufacturing Corporation</u> <u>1306 S. Powell Rd.</u> <u>Independence, MO 64057</u> | As of the petition filing date, the claim is: <u>\$300.00</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.20 | Nonpriority creditor's name and mailing address <u>Metals, USA</u> <u>2840 E. Heartland Dr.</u> <u>Liberty, MO 64068</u> | As of the petition filing date, the claim is: <u>\$3,711.21</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods/services provided</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

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| 3.21 | Nonpriority creditor's name and mailing address <u>Midwest Pest</u> <u>4760 SE Stafford</u> <u>Dearborn, MO 64439</u> | As of the petition filing date, the claim is: <u>\$260.00</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services provided</u> |
| | Date or dates debt was incurred _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | Last 4 digits of account number _____ | |
| 3.22 | Nonpriority creditor's name and mailing address <u>Missouri American Water</u> <u>727 Craig Rd.</u> <u>Saint Louis, MO 63141-7175</u> | As of the petition filing date, the claim is: <u>\$181.28</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility services</u> |
| | Date or dates debt was incurred _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | Last 4 digits of account number <u>8 2 0 5</u> | |
| 3.23 | Nonpriority creditor's name and mailing address <u>Mo-Kan Sheet Metal Workers</u> <u>2902 Blue Ridge Blvd. 100</u> <u>Kansas City, MO 64129</u> | As of the petition filing date, the claim is: <u>\$14,557.07</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Outstanding pension Basis for the claim: <u>payment</u> |
| | Date or dates debt was incurred <u>01/24/2024</u> | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | Last 4 digits of account number _____ | |
| 3.24 | Nonpriority creditor's name and mailing address <u>Mo-Kan Sheet Metal Workers Welfare Fund</u> <u>2902 Blue Ridge Blvd. 100</u> <u>Kansas City, MO 64129</u> | As of the petition filing date, the claim is: <u>\$99,689.95</u> Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Claim for return of Basis for the claim: <u>overpayment</u> |
| | Date or dates debt was incurred _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | Last 4 digits of account number _____ | |

Debtor CMA Acquisitions, Inc. Case number (if known) _____
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| 3.25 | Nonpriority creditor's name and mailing address <u>Nolin Milling Inc.</u> <u>101 Pine St.</u> <u>Dickens, IA 51333</u> | As of the petition filing date, the claim is: <u>\$1,830.52</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| | | Basis for the claim: <u>Goods/services provided</u> |
| | Date or dates debt was incurred _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | Last 4 digits of account number <u>9 9 6 9</u> | |
| 3.26 | Nonpriority creditor's name and mailing address <u>O'Neal Steel - St. Joseph</u> <u>2901 S. 22nd St.</u> <u>Saint Joseph, MO 64503</u> | As of the petition filing date, the claim is: <u>\$18,700.78</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| | | Basis for the claim: <u>Goods/services provided</u> |
| | Date or dates debt was incurred _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | Last 4 digits of account number <u>7 3 2 1</u> | |
| 3.27 | Nonpriority creditor's name and mailing address <u>Philip A. Gloggner</u> <u>15900 NW 126th Terr.</u> <u>Platte City, MO 64079</u> | As of the petition filing date, the claim is: <u>\$351,158.00</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed |
| | | Basis for the claim: <u>Seller note</u> |
| | Date or dates debt was incurred <u>12/31/2021</u> | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | Last 4 digits of account number <u>-----</u> | |
| | Remarks: Disputed due to possible cause of action for fraudulent misrepresentation | |
| 3.28 | Nonpriority creditor's name and mailing address <u>Phoenix Metals Company</u> <u>201 Donovan Rd.</u> <u>Kansas City, KS 66115</u> | As of the petition filing date, the claim is: <u>\$3,360.63</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| | | Basis for the claim: <u>Goods/services provided</u> |
| | Date or dates debt was incurred <u>12/14/2023</u> | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | Last 4 digits of account number <u>8 7 5 8</u> | |

Debtor CMA Acquisitions, Inc. Case number (if known) _____
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| 3.29 | Nonpriority creditor's name and mailing address <u>Prolific Technologies</u> <u>2013 S. Blet Hwy. 300</u> <u>Saint Joseph, MO 64507</u> | As of the petition filing date, the claim is: <u>\$1,323.88</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| | | Basis for the claim: <u>Goods/services provided</u> |
| | Date or dates debt was incurred _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | Last 4 digits of account number _____ | |
| 3.30 | Nonpriority creditor's name and mailing address <u>Rock Ridge Steel Co. LLC</u> <u>PO Box 455</u> <u>Elwood, KS 66024</u> | As of the petition filing date, the claim is: <u>\$570.80</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| | | Basis for the claim: <u>Goods/services provided</u> |
| | Date or dates debt was incurred _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | Last 4 digits of account number _____ | |
| 3.31 | Nonpriority creditor's name and mailing address <u>Sheet Metal Workers Local #2</u> <u>2902 Blue Ridge Blvd.</u> <u>Kansas City, MO 64129</u> | As of the petition filing date, the claim is: <u>\$279.50</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed |
| | | Basis for the claim: <u>Pension</u> |
| | Date or dates debt was incurred <u>01/24/2024</u> | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | Last 4 digits of account number _____ | |
| 3.32 | Nonpriority creditor's name and mailing address <u>Sheet Metal Workers National Pension Fund</u> <u>3180 Fairview Park Dr. 400</u> <u>Falls Church, VA 22042</u> | As of the petition filing date, the claim is: <u>\$3,821,015.50</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed |
| | | Pension withdrawal liability and exit |
| | | Basis for the claim: <u>contribution</u> |
| | Date or dates debt was incurred _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | Last 4 digits of account number _____ | |
| | <u>Remarks: Disputed due to possible cause of action against seller</u> | |

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| 3.33 | Nonpriority creditor's name and mailing address <u>Spire</u> <u>Drawer 2</u> <u>Saint Louis, MO 63171</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <u>\$815.04</u> |
| | | Basis for the claim: <u>Utility services</u> | |
| | Date or dates debt was incurred <u>01/23/2024</u> | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| | Last 4 digits of account number <u>1 1 1 1</u> | | |
| 3.34 | Nonpriority creditor's name and mailing address <u>State Steel</u> <u>PO Box 3224</u> <u>Sioux City, IA 51102</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <u>\$9,142.33</u> |
| | | Basis for the claim: <u>Goods/services provided</u> | |
| | Date or dates debt was incurred | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| | Last 4 digits of account number <u>2 5 2 3</u> | | |
| 3.35 | Nonpriority creditor's name and mailing address <u>Trexcon, Inc.</u> <u>802 Mitchell Ave.</u> <u>Saint Joseph, MO 64503</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <u>\$539.45</u> |
| | | Basis for the claim: <u>Goods/services provided</u> | |
| | Date or dates debt was incurred | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| | Last 4 digits of account number <u>1 1 4 3</u> | | |
| 3.36 | Nonpriority creditor's name and mailing address <u>Triangle Sales</u> <u>15300 W. 110th St.</u> <u>Lenexa, KS 66219</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <u>\$800.00</u> |
| | | Basis for the claim: <u>Goods/services provided</u> | |
| | Date or dates debt was incurred | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| | Last 4 digits of account number <u>M 0 0 2</u> | | |

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| 3.37 | Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: <u>\$602.61</u> |
| | <u>United Fiber</u> | <i>Check all that apply.</i> |
| | <u>PO Box 319</u> | <input type="checkbox"/> Contingent |
| | <u>Savannah, MO 64485-0319</u> | <input type="checkbox"/> Unliquidated |
| | | <input type="checkbox"/> Disputed |
| | | Basis for the claim: <u>Utility services</u> |
| | Date or dates debt was incurred | Is the claim subject to offset? |
| | | <input checked="" type="checkbox"/> No |
| | Last 4 digits of account number | <input type="checkbox"/> Yes |
| | <u>8 7 0 0</u> | |

Debtor CMA Acquisitions, Inc. Case number (if known) _____

Name _____

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

| Name and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|--|--|---|
| 4.1 <u>Haynes Benefits PC</u> <u>Attn: Marsha Woodward</u> <u>2600 Grand Blvd. 410</u> <u>Kansas City, MO 64108</u> | <u>Line 3.24</u> <input type="checkbox"/> Not listed. Explain _____ | _____ |

Debtor CMA Acquisitions, Inc. _____ Case number (if known) _____
Name _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a. _____ \$23,513.13 _____

5b. Total claims from Part 2

5b. + \$4,360,868.46 _____

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5c. _____ \$4,384,381.59 _____

Fill in this information to identify the case:

| | |
|---|------------------------------|
| Debtor name | CMA Acquisitions, Inc. |
| United States Bankruptcy Court for the: | Western District of Missouri |
| Case number (if known): | Chapter 7 |

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease.

| | | | |
|-----|---|---------------------------------------|------------------------|
| 2.1 | State what the contract or lease is for and the nature of the debtor's interest | Lease for industrial gas storage tank | Matheson Gas |
| | | Contract to be REJECTED | 4722 S. Highway 169 |
| | State the term remaining | 0 months | Saint Joseph, MO 64507 |
| | List the contract number of any government contract | | |
| 2.2 | State what the contract or lease is for and the nature of the debtor's interest | Lease for business shop/office | Phil Gloggner |
| | | Contract to be REJECTED | 15900 NW 126th Terr. |
| | State the term remaining | 0 months | Platte City, MO 64079 |
| | List the contract number of any government contract | | |
| 2.3 | State what the contract or lease is for and the nature of the debtor's interest | | |
| | State the term remaining | | |
| | List the contract number of any government contract | | |
| 2.4 | State what the contract or lease is for and the nature of the debtor's interest | | |
| | State the term remaining | | |
| | List the contract number of any government contract | | |

Fill in this information to identify the case:

Debtor name CMA Acquisitions, Inc.

United States Bankruptcy Court for the: Western District of Missouri
(State)

Case number (If known): _____

Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. **Does the debtor have any codebtors?**
 No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes
2. **In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G.** Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

| Column 1: Codebtor | | Column 2: Creditor | |
|--------------------------|-----------------------------------|-------------------------------|---|
| Name | Mailing address | Name | Check all schedules that apply: |
| 2.1 Christopher M. Allen | 9429 Lee Blvd. Street _____ | CrossFirst Bank | <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| | Leawood, KS 66206 | City State ZIP Code | |
| 2.2 _____ | Street _____ | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| | City State ZIP Code | | |
| 2.3 _____ | Street _____ | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| | City State ZIP Code | | |
| 2.4 _____ | Street _____ | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| | City State ZIP Code | | |

Debtor CMA Acquisitions, Inc.
Name

Case number (if known) _____

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

*Check all schedules
that apply:*

D
 E/F
 G

2.5 _____
Street

City _____ State _____ ZIP Code _____

2.6 _____
Street

City _____ State _____ ZIP Code _____

D
 E/F
 G

Fill in this information to identify the case:

| | |
|---|------------------------------|
| Debtor name | CMA Acquisitions, Inc. |
| United States Bankruptcy Court for the: | Western District of Missouri |
| Case number (if known): | |

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- A Summary of Assets and Liabilities for Non-Individuals (Official Form 206A-Summary)
- Amended Schedule _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 03/29/2024
MM/ DD/ YYYY



X _____
Signature of individual signing on behalf of debtor

Christopher M. Allen

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

| | |
|---|------------------------------|
| Debtor name | CMA Acquisitions, Inc. |
| United States Bankruptcy Court for the: | Western District of Missouri |
| Case number (if known): | Chapter 7 |

Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)

1a. Real Property:

Copy line 88 from Schedule A/B.....

\$0.00

1b. Total personal property:

Copy line 91A from Schedule A/B.....

\$48,235.37

1c. Total of all property:

Copy line 92 from Schedule A/B.....

\$48,235.37

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of Schedule D.....

\$458,847.53

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of Schedule E/F.....

\$23,513.13

3b. Total amount of claims of non-priority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....

+ \$4,360,868.46

4. Total liabilities.....

Lines 2 + 3a + 3b

\$4,843,229.12

Fill in this information to identify the case:

Debtor name CMA Acquisitions, Inc.

United States Bankruptcy Court for the:
Western District of Missouri

Case number (if known): _____

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy 04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue

Check all that apply

Gross revenue

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2024 to Filing date
MM/ DD/ YYYY

Operating a business

\$272,424.04

Other _____

For prior year:

From 01/01/2023 to 12/31/2023
MM/ DD/ YYYY MM/ DD/ YYYY

Operating a business

\$1,958,129.00

Other _____

For the year before that:

From 01/01/2022 to 12/31/2022
MM/ DD/ YYYY MM/ DD/ YYYY

Operating a business

\$2,476,749.00

Other _____

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

Description of sources of revenue

Gross revenue from each source

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2024 to Filing date
MM/ DD/ YYYY

For prior year:

From 01/01/2023 to 12/31/2023
MM/ DD/ YYYY MM/ DD/ YYYY

For the year before that:

From 01/01/2022 to 12/31/2022
MM/ DD/ YYYY MM/ DD/ YYYY

Debtor CMA Acquisitions, Inc.
Name

Case number (if known) _____

Part 2: List Certain Transfers Made Before Filing for Bankruptcy**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

 None

| Creditor's name and address | | Dates | Total amount or value | Reasons for payment or transfer <i>Check all that apply</i> |
|--------------------------------------|-----------------|-------------------|-----------------------|---|
| 3.1. <u>CrossFirst Bank</u> | Creditor's name | <u>01/02/2024</u> | <u>\$60,302.09</u> | <input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____ |
| <u>11440 Tomahawk Creek Pkwy</u> | Street | <u>01/31/2024</u> | | |
| <u>Leawood, KS 66211</u> | City | <u>01/31/2024</u> | | |
| | State | ZIP Code | | |
| 3.2. <u>CrossFirst Bank</u> | Creditor's name | <u>01/16/2024</u> | <u>\$16,788.03</u> | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Business credit card</u> |
| <u>11440 Tomahawk Creek Pkwy</u> | Street | <u>02/16/2024</u> | | |
| <u>Leawood, KS 66211</u> | City | | | |
| | State | ZIP Code | | |
| 3.3. <u>Diamond Auto Body, LLC</u> | Creditor's name | <u>01/02/2024</u> | <u>\$11,410.00</u> | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____ |
| <u>3406 Pear St.</u> | Street | <u>01/16/2024</u> | | |
| <u>Saint Joseph, MO 64503</u> | City | | | |
| | State | ZIP Code | | |
| 3.4. <u>Internal Revenue Service</u> | Creditor's name | <u>01/03/2024</u> | <u>\$22,849.86</u> | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Federal taxes for FICA/FUTA</u> |
| <u>Street</u> | | <u>01/10/2024</u> | | |
| <u>01/17/2024</u> | | | | |
| <u>01/24/2024</u> | | | | |
| <u>City</u> | <u>State</u> | <u>ZIP Code</u> | | |
| 3.5. <u>Metals, USA</u> | Creditor's name | <u>01/02/2024</u> | <u>\$7,901.52</u> | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____ |
| <u>2840 E. Heartland Dr.</u> | Street | <u>01/02/2024</u> | | |
| <u>Liberty, MO 64068</u> | City | | | |
| | State | ZIP Code | | |

| | | | | |
|--------|---|------------|-------------|---|
| Debtor | CMA Acquisitions, Inc. | | | Case number (if known) |
| | Name | | | |
| 3.6. | Missouri Department of Revenue | 01/19/2024 | \$15,723.28 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> State Taxes for payroll and sales Other tax |
| | Creditor's name | | | |
| | PO Box 329 | 01/24/2024 | | |
| | Street | | | |
| | Jefferson City, MO 65107-0329 | | | |
| | City | State | ZIP Code | |
| 3.7. | Mo-Kan Sheet Metal Workers | 01/10/2024 | \$31,385.35 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Health insurance |
| | Creditor's name | | | |
| | 2902 Blue Ridge Blvd. 100 | | | |
| | Street | | | |
| | Kansas City, MO 64129 | | | |
| | City | State | ZIP Code | |
| 3.8. | Philip A. Gloggner | 01/01/2024 | \$34,000.00 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Lease for business shop/office |
| | Creditor's name | | | |
| | 15900 NW 126th Terr. | 01/26/2024 | | |
| | Street | 02/29/2024 | | |
| | Platte City, MO 64079 | 03/29/2024 | | |
| | City | State | ZIP Code | |
| 3.9. | Sheet Metal Workers National Pension Fund | 01/10/2024 | \$28,972.23 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other Pension contribution |
| | Creditor's name | | | |
| | 3180 Fairview Park Dr. 400 | | | |
| | Street | | | |
| | Falls Church, VA 22042 | | | |
| | City | State | ZIP Code | |
| 3.10. | Triangle Sales | 01/02/2024 | \$10,462.00 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other |
| | Creditor's name | | | |
| | 15300 W. 110th St. | 01/31/2024 | | |
| | Street | | | |
| | Lenexa, KS 66219 | | | |
| | City | State | ZIP Code | |

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. Insiders include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None

| Insider's name and address | Dates | Total amount or value | Reasons for payment or transfer |
|----------------------------|-------|-----------------------|---------------------------------|
| | | | |

Debtor CMA Acquisitions, Inc.
Name

Case number (if known) _____

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

 None**7.1. Case title****Nature of case****Court or agency's name and address****Status of case**Case number

Name

 Pending On appeal ConcludedCase number

Street

Case number

City

State

ZIP Code

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

 None**8.1. Custodian's name and address****Description of the property****Value**Custodian's nameCase title**Court name and address**Street

Name

City State ZIP CodeCase number

Street

Date of order or assignment

City

State ZIP Code

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000** None**9.1. Recipient's name and address****Description of the gifts or contributions****Dates given****Value**Cure of Ars SchoolDonation to church

09/01/2022

\$6,500.00

Recipient's name9403 Mission Rd.StreetLeawood, KS 66206City State ZIP CodeRecipient's relationship to debtor

Debtor CMA Acquisitions, Inc.

Case number (if known) _____

Name _____

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.** None**Description of the property lost and how the loss occurred****Amount of payments received for the loss**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received:

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

Date of loss**Value of property lost**

10.1. _____

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

 None**11.1. Who was paid or who received the transfer?****If not money, describe any property transferred****Dates****Total amount or value**

The Olsen Law Firm, LLC

Attorney's Fee and filing fee

01/20/2024

\$7,500.00

Address

118 N Conistor Ln. Suite B290

Street _____

Liberty, MO 64068

City _____ State _____ ZIP Code _____

Email or website address**Who made the payment, if not debtor?**

CMA Acquisitions

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

 None**12.1. Name of trust or device** **Describe any property transferred** **Dates transfers were made** **Total amount or value****Trustee**

Debtor CMA Acquisitions, Inc. _____ Case number (if known) _____
Name _____

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None

13.1. Who received the transfer?

| Description of property transferred or payments received or debts paid in exchange | Date transfer was made | Total amount or value |
|---|-------------------------------|------------------------------|
|---|-------------------------------|------------------------------|

Address _____

Street _____

City _____ State _____ ZIP Code _____

Relationship to debtor _____

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address _____

Dates of occupancy _____

14.1.

Street _____

From _____ To _____

City _____ State _____ ZIP Code _____

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.

Yes. Fill in the information below.

| | | | | |
|---|------------------------|---|--|---|
| Debtor | CMA Acquisitions, Inc. | | | Case number (if known) |
| Name | | | | |
| Facility name and address | | Nature of the business operation, including type of services the debtor provides | | If debtor provides meals and housing, number of patients in debtor's care |
| 15.1. | | | | |
| Facility name | | | | |
| Street | | Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. | | How are records kept? |
| City | State | ZIP Code | | |
| Check all that apply: | | | | |
| <input type="checkbox"/> Electronically | | | | |
| <input type="checkbox"/> Paper | | | | |

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?** No. Yes. State the nature of the information collected and retained. _____

Does the debtor have a privacy policy about that information?

 No Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?** No. Go to Part 10. Yes. Does the debtor serve as plan administrator? No. Go to Part 10. Yes. Fill in below:

Name of plan

CMA Acquisitions, Inc. 401k

Employer identification number of the plan

EIN: 8 7 - 3 9 3 4 7 0 5

Has the plan been terminated?

 No Yes**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

 None

| Financial Institution name and address | Last 4 digits of account number | Type of account | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|--|---------------------------------|--|--|---|
| 18.1 | XXXX- _____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other | | |
| Name | | | | |
| Street | | | | |
| City | State | ZIP Code | | |

Debtor CMA Acquisitions, Inc.

Case number (if known) _____

Name

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

 None

| 19.1 Depository institution name and address | Names of anyone with access to it | Description of the contents | Does debtor still have it? |
|--|-----------------------------------|-----------------------------|------------------------------|
| Name _____ | _____ | _____ | <input type="checkbox"/> No |
| Street _____ | _____ | _____ | <input type="checkbox"/> Yes |
| Address _____ | _____ | _____ | |
| City _____ State _____ ZIP Code _____ | _____ | _____ | |

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

 None

| 20.1 Facility name and address | Names of anyone with access to it | Description of the contents | Does debtor still have it? |
|---------------------------------------|-----------------------------------|-----------------------------|------------------------------|
| Name _____ | _____ | _____ | <input type="checkbox"/> No |
| Street _____ | _____ | _____ | <input type="checkbox"/> Yes |
| Address _____ | _____ | _____ | |
| City _____ State _____ ZIP Code _____ | _____ | _____ | |

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

 None

| Owner's name and address | Location of the property | Description of the property | Value |
|---------------------------------------|--------------------------|-----------------------------|-------|
| Name _____ | _____ | _____ | _____ |
| Street _____ | _____ | _____ | _____ |
| Address _____ | _____ | _____ | _____ |
| City _____ State _____ ZIP Code _____ | _____ | _____ | _____ |

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- Environmental law** means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- Site** means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Debtor CMA Acquisitions, Inc.

Case number (if known) _____

Name _____

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

 No Yes. Provide details below.

| Case title | Court or agency name and address | Nature of the case | Status of case |
|-------------|----------------------------------|--------------------|------------------------------------|
| Case number | Name | | <input type="checkbox"/> Pending |
| | Street | | <input type="checkbox"/> On appeal |
| | | | <input type="checkbox"/> Concluded |
| | City State ZIP Code | | |

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

 No Yes. Provide details below.

| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|-------------------------------|------------------------------------|-----------------------------|----------------|
| Name | Name | | |
| Street | Street | | |
| | | | |
| City State ZIP Code | City State ZIP Code | | |

24. Has the debtor notified any governmental unit of any release of hazardous material?

 No Yes. Provide details below.

| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|-------------------------------|------------------------------------|-----------------------------|----------------|
| Name | Name | | |
| Street | Street | | |
| | | | |
| City State ZIP Code | City State ZIP Code | | |

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

 None

Debtor

CMA Acquisitions, Inc.

Name

Case number (if known)

Business name and address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

25.1.

Name

Street

City State ZIP Code

EIN:

Dates business existed

From _____ To _____

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address

Dates of service

26a.1. Holly Conard

From 12/31/2021 To 01/19/2024

Name

3336 Pear St.

Street

Saint Joseph, MO 64503

City

State

ZIP Code

Name and address

Dates of service

26a.2. Creative Planning - Cyndi Bishop

From 03/01/2022 To 03/31/2024

Name

5454 W 110th St

Street

Leawood, KS 66211

City

State

ZIP Code

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

Name and address

Dates of service

26b.1.

Name

From _____ To _____

Street

City

State

ZIP Code

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

| | | | | |
|---|---|----------------------------------|---|--|
| Debtor | CMA Acquisitions, Inc. | | | Case number (if known) |
| | Name | | | |
| Name and address | | | | If any books of account and records are unavailable, explain why |
| 26c.1. | Name | | | |
| | Street | | | |
| | | | | |
| | City | State | ZIP Code | |
| 26d. | List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case. | | | |
| | <input checked="" type="checkbox"/> None | | | |
| Name and address | | | | |
| 26d.1. | Name | | | |
| | Street | | | |
| | | | | |
| | City | State | ZIP Code | |
| 27. | Inventories | | | |
| | Have any inventories of the debtor's property been taken within 2 years before filing this case? | | | |
| | <input type="checkbox"/> No | | | |
| | <input checked="" type="checkbox"/> Yes. Give the details about the two most recent inventories. | | | |
| Name of the person who supervised the taking of the inventory | | Date of Inventory | The dollar amount and basis (cost, market, or other basis) of each inventory | |
| Matthew Triggs | | 01/16/2024 | \$193,878.94 | |
| Name and address of the person who has possession of inventory records | | | | |
| 27.1. | Christopher M. Allen | | | |
| | Name | | | |
| | 9429 Lee Blvd. | | | |
| | Street | | | |
| | Leawood, KS 66206 | | | |
| | City | State | ZIP Code | |
| 28. | List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case. | | | |
| | Name | Address | Position and nature of any interest | % of interest, if any |
| | Christopher M. Allen | 9429 Lee Blvd. Leawood, KS 66206 | President, Owner | 100.00% |
| 29. | Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions? | | | |
| | <input checked="" type="checkbox"/> No | | | |
| | <input type="checkbox"/> Yes. Identify below. | | | |
| | Name | Address | Position and nature of any interest | Period during which position or interest was held |

| | | |
|--------|--------------------------------|------------------------|
| Debtor | CMA Acquisitions, Inc. Name | Case number (if known) |
| | | From _____ To _____ |

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No

Yes. Identify below.

| Name and address of recipient | Amount of money or description and value of property | Dates | Reason for providing the value |
|-------------------------------|--|-------|--------------------------------|
|-------------------------------|--|-------|--------------------------------|

30.1. Christopher M. Allen

Name

9429 Lee Blvd.

Street

Leawood, KS 66206

City State ZIP Code

Relationship to debtor

President/Owner

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

No

Yes. Identify below.

Name of the parent corporation

Employer identification number of the parent corporation

EIN: -----

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

No

Yes. Identify below.

Name of the pension fund

Employer identification number of the pension fund

Sheet Metal Workers National Pension Fund

EIN: 5 2 - 6 1 1 2 4 6 3

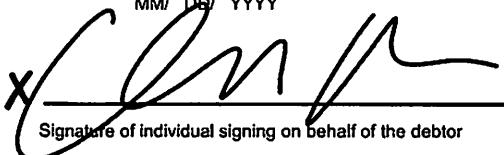
Part 14: Signature and Declaration

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 03/29/2024
MM/ DD/ YYYY



Signature of individual signing on behalf of the debtor

Printed name Christopher M. Allen

Position or relationship to debtor President

| | | |
|--|---------------------------------------|------------------------|
| Debtor | <u>CMA Acquisitions, Inc.</u> Name | Case number (if known) |
| <p>Are additional pages to Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy (Official Form 207) attached?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> | | |

IN THE UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF MISSOURI
SAINT JOSEPH DIVISION

IN RE: CMA Acquisitions, Inc.

CASE NO

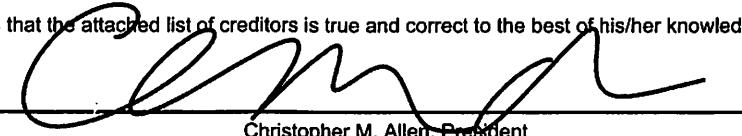
CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 03/29/2024

Signature



A handwritten signature in black ink, appearing to read "CMA".

Christopher M. Allen, President

[case number]

Alro Steel Corporation
24876 Network Place
Chicago, IL 60673-1248

Azz Galvanizing Services
PO Box 843771
Dallas, TX 75284

Bright Disposal Services, LLC
PO Box 661
Saint Joseph, MO 64502

Brown Mannschreck Imaging Solutions
3003 Pear St.
Saint Joseph, MO 64503

Chada
815 E 12th St.
Lawrence, KS 66044

Christopher M. Allen
9429 Lee Blvd.
Leawood, KS 66206

Cintas #177
PO Box 86005
Chicago, IL 60680-1005

City of St. Joseph
1100 Frederick Ave.
Saint Joseph, MO 64501

Concentra Medical Centers
5506 Corporate Dr. 1700
Saint Joseph, MO 64507

CrossFirst Bank
11440 Tomahawk Creek Pkwy
Leawood, KS 66211

Echo Electric Supply Br38
1515 Buchanan Ave.
Saint Joseph, MO 64501

Evergy
PO Box 219703
Kansas City, MO 64121-9703

Fastenal
2001 Theurer Blvd.
Winona, MN 55987

Federal Express
PO Box 94515
Palatine, IL 60094-4515

GT Midwest
405 E. 14th Ave.
Kansas City, MO 64116

Harshman Machine & Tool Corp.
1030 S. 8th St.
Saint Joseph, MO 64503

Haynes Benefits PC
Attn: Marsha Woodward
2600 Grand Blvd. 410
Kansas City, MO 64108

Hilti
7250 Dallas Pkwy 1000
Plano, TX 75024

Internal Revenue Service
P.O. Box 7346
Philadelphia, PA 19101-7346

Matheson Gas
4722 S. Highway 169
Saint Joseph, MO 64507

McMaster Carr
600 N. County Line Rd.
Elmhurst, IL 60126

Menards
5101 Menard Dr.
Eau Claire, WI 54703

Metal Sales Manufacturing Corporation
1306 S. Powell Rd.
Independence, MO 64057

Metals, USA
2840 E. Heartland Dr.
Liberty, MO 64068

Midwest Pest
4760 SE Stafford
Dearborn, MO 64439

Missouri American Water
727 Craig Rd.
Saint Louis, MO 63141-7175

Mo-Kan Sheet Metal Workers
2902 Blue Ridge Blvd. 100
Kansas City, MO 64129

Mo-Kan Sheet Metal Workers Welfare Fund
2902 Blue Ridge Blvd. 100
Kansas City, MO 64129

Nolin Milling Inc.
101 Pine St.
Dickens, IA 51333

O'Neal Steel - St. Joseph
2901 S. 22nd St.
Saint Joseph, MO 64503

Peggy Campbell
Buchanan County Collector
411 Jules St. 123
Saint Joseph, MO 64501

Phil Gloggner
15900 NW 126th Terr.
Platte City, MO 64079

Philip A. Gloggner
15900 NW 126th Terr.
Platte City, MO 64079

Phoenix Metals Company
201 Donovan Rd.
Kansas City, KS 66115

Prolific Technologies
2013 S. Blet Hwy. 300
Saint Joseph, MO 64507

Rock Ridge Steel Co. LLC
PO Box 455
Elwood, KS 66024

Sheet Metal Workers Local #2
2902 Blue Ridge Blvd.
Kansas City, MO 64129

Sheet Metal Workers National Pension Fund
3180 Fairview Park Dr. 400
Falls Church, VA 22042

Small Business Administration
1000 Walnut Street, Suite 500
Kansas City, MO 64106-2156

Spire
Drawer 2
Saint Louis, MO 63171

State Steel
PO Box 3224
Sioux City, IA 51102

Trexcon, Inc.
802 Mitchell Ave.
Saint Joseph, MO 64503

Triangle Sales
15300 W. 110th St.
Lenexa, KS 66219

United Fiber
PO Box 319
Savannah, MO 64485-0319

U.S. Attorney, Western District of Missouri
Attn: Bankruptcy Processing Clerk
Charles Evans Whittaker Courthouse
400 East 9th Street, Room 5510
Kansas City, MO 64106